

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Still Born child of Joseph Berry

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> near Boncanton <sup>County</sup> Charles

MARYLAND

Date of death 1906 <sup>Month</sup> June <sup>Day</sup> 22 <sup>Years</sup> Age Still Born <sup>Months</sup> <sup>Days</sup>Sex Male <sup>Color or Race</sup> W <sup>Birth-place</sup> Charles W Md.Occupation <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed

Name of Wife or Husband

Father's Name Joseph Berry <sup>Father's Birthplace</sup> Charles WMother's Maiden Name Lezzie Melstead <sup>Mother's Birthplace</sup> C C CName of person giving information Joseph Berry <sup>How related to deceased</sup> Father

## CAUSES OF DEATH

Primary Still Born S.

How long

Immediate

How long

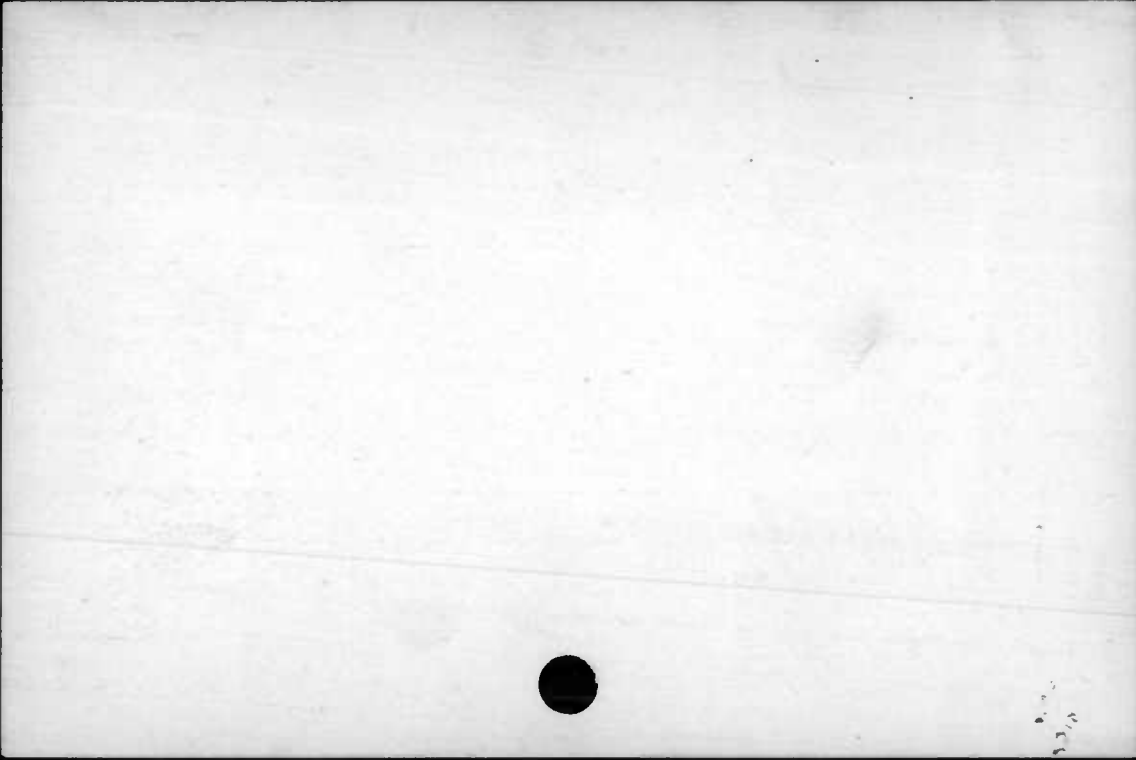
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Maximilian Clement  
Sur Regt.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Charlotte Bowil</b>		Town <b>Laplata</b>		County <b>Charles</b>		MARYLAND	
Died at		Date of death <b>1901</b>		Month <b>June</b>		Day <b>18</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Age <b>84</b>		Years <b>1</b>	
Occupation <b>None</b>		Birth-place <b>Charles</b>		Months <b>10</b>		Days <b>10</b>	
Where Residing if not at place of death <b>Always here</b>							
Married or Widowed <b>Widowed</b>		Name of Wife or Husband <b>Uriah Bowil</b>					
Father's Name <b>Hezekiah Franklin</b>		Father's Birthplace <b>Charles Co.</b>					
Mother's Maiden Name <b>Sarah Simmons</b>		Mother's Birthplace <b>Charles Co.</b>					
Name of person giving information <b>Wesley Bowil</b>		How related to deceased <b>Son</b>					

## CAUSES OF DEATH

Primary

**Old Age****154**

How long

Immediate

**Exhaustion**

How long

Are the name, age, sex, color, date and place correctly given above?

**Yes**

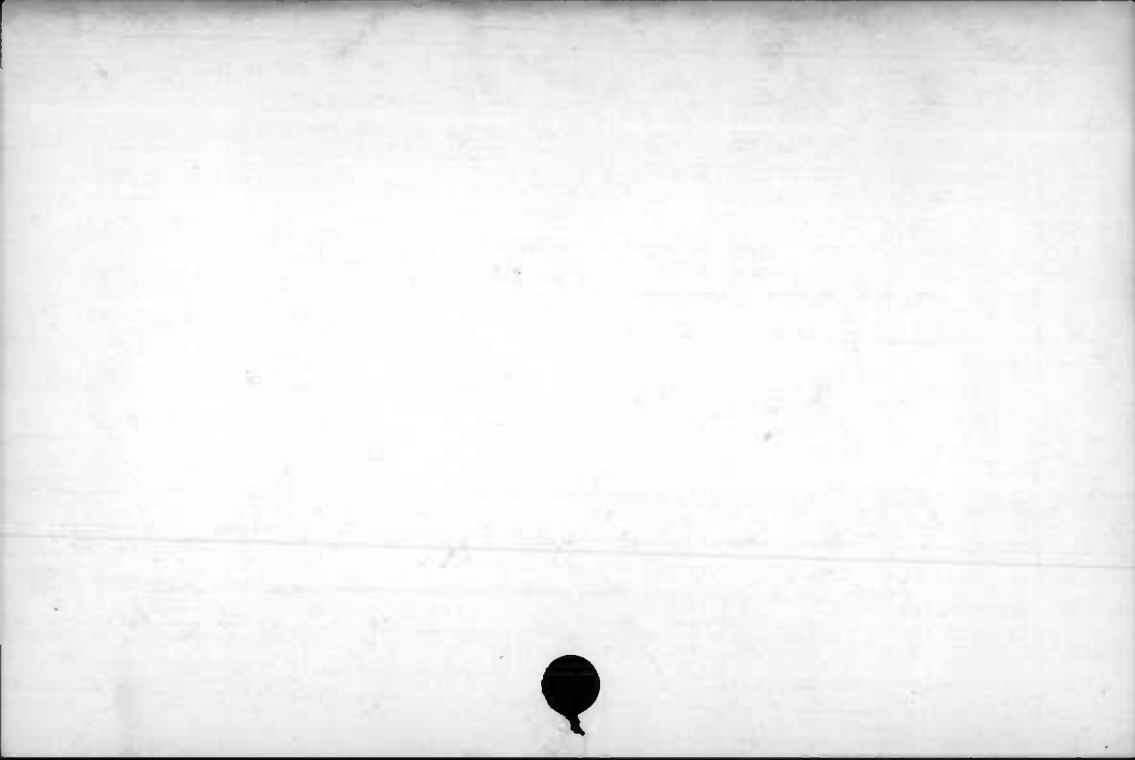
Signature of Physician

Address

**Henry B. Robertson**  
**Laplata Md.**

Accident or Suicide?

PHYSICIAN  
OR CORONER**1**



Name  
in  
Full

CERTIFICATE OF DEATH

Mary Ann Dyer

Town

County

MARYLAND

Died at Jesus

Charles

Date of death 1905 June

Day 6th

Age 5-1

Months

Days

Sex Female

Color or Race White

Birth-place

Occupation house keeping for family

Where Residing if not at place of death Jesus

Married, Single or Widowed Widow

Name of Wife or Husband James Thomas Dyer

Father's Name James A. Adams

Father's Birthplace

Mother's Maiden Name Mary Garver

Mother's Birthplace

Name of person giving information James Dyer

(64)

How related to deceased Son

CAUSES OF DEATH

Primary Apoplexy & Paralysis

How long 3 weeks - 15 days

Immediate Asphyxiation

How long 3 weeks & some added

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

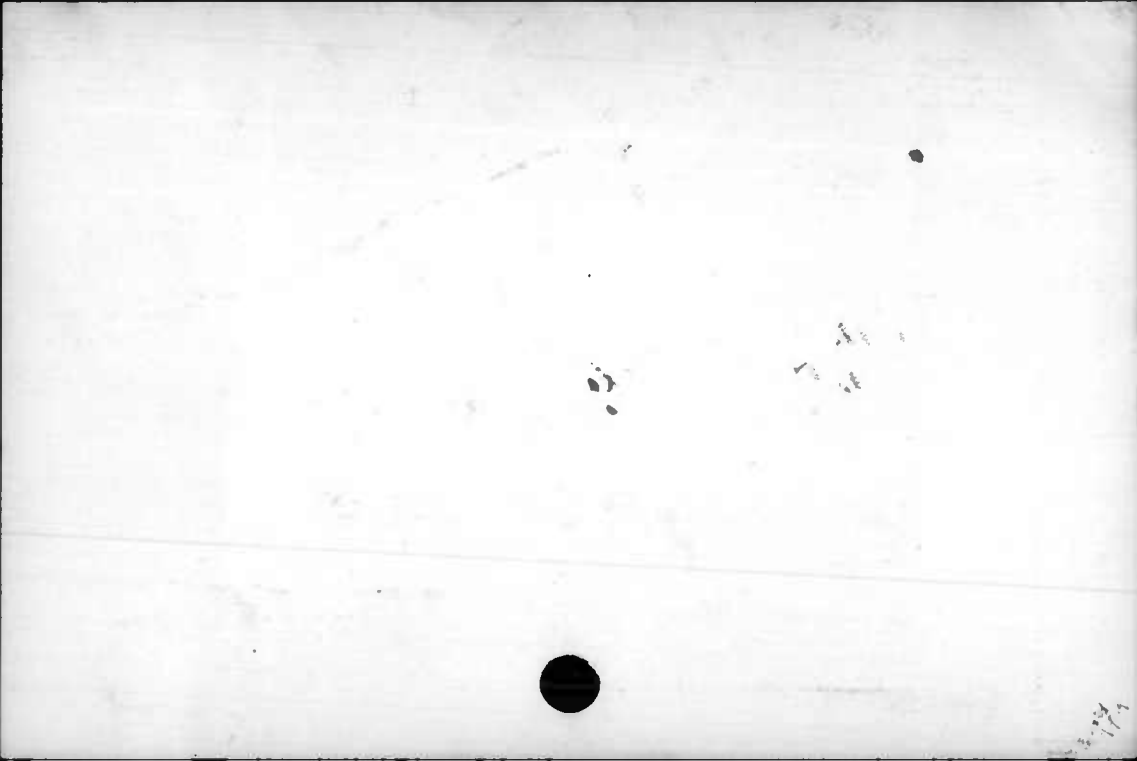
J. L. Hodgdon  
Maryland  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

(1)



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Wm. F. Ford</i>		Town <i>New town</i>		County <i>Charles</i>		MARYLAND	
Died at <i>New town</i>		Month <i>June</i>		Day <i>12</i>		Years <i>82</i>	
Date of death <i>1905 June 12</i>		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Charles Co</i>	
Occupation <i>Labrur</i>		Where Residing if not at place of death <i>Charles Co</i>		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Wm. Ford</i>		Mother's Maiden Name <i>Sarah</i>		Father's Birthplace <i>Charles Co</i>		Mother's Birthplace <i>" "</i>	
Name of person giving information <i>Alick Ford</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

Primary

*Inf. in dyt old age*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

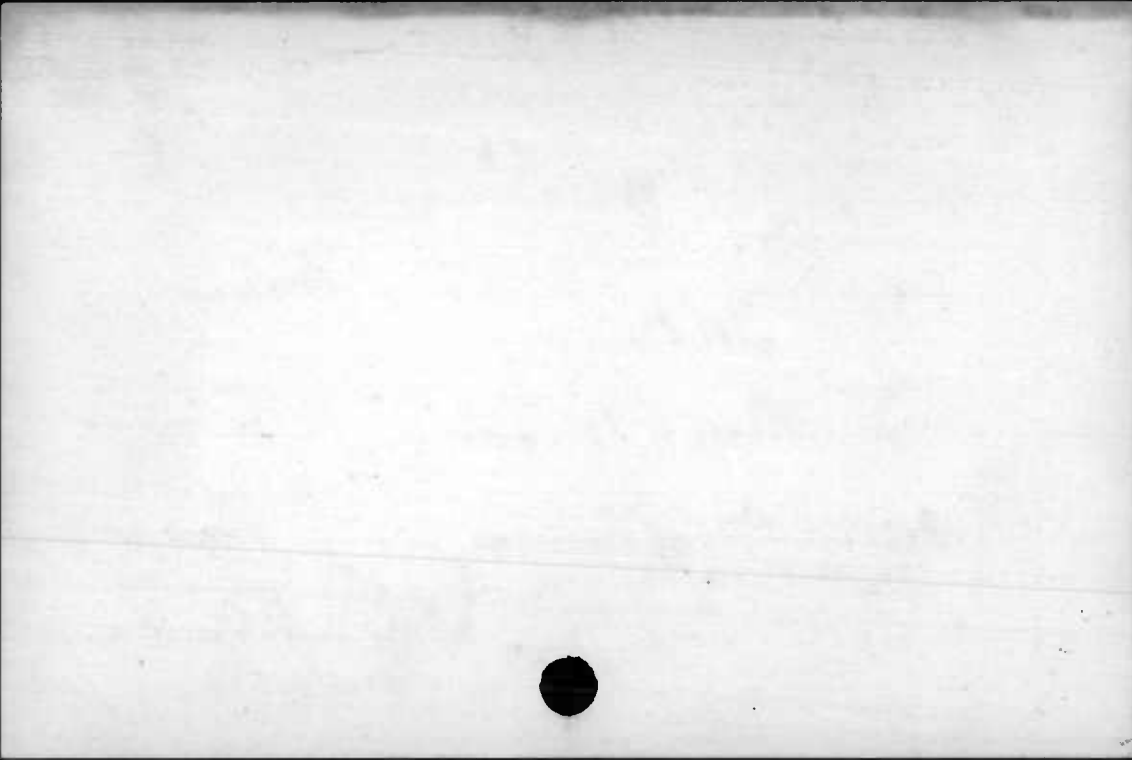
Signature of Physician

*Thos. J. Owen*

Address

*La Plata**Ind*

Accident or Suicide?





Name

in

Full

Emily French

## CERTIFICATE OF DEATH

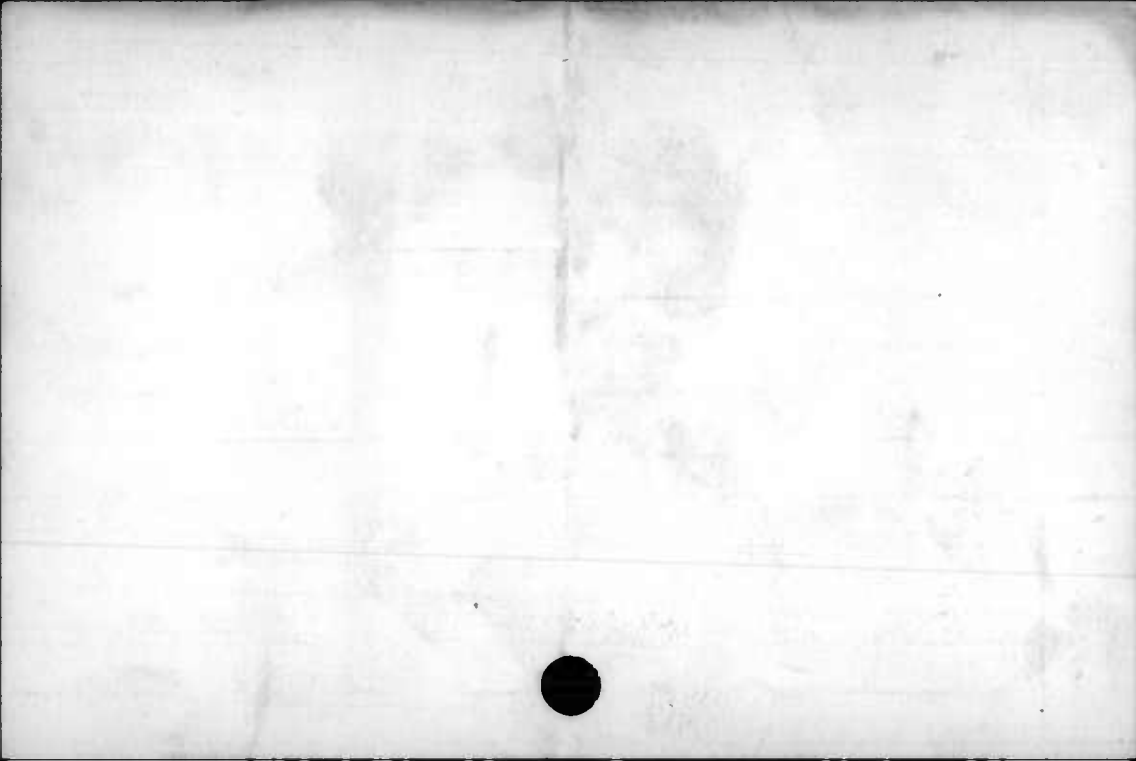
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		June	16	Age 56			
Sex	Female		Color or Race	Black		Birth-place	Md.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	widow		Name of Husband	Murdock French			
Father's Name	Tubman				Father's Birthplace	—	
Mother's Maiden Name	—				Mother's Birthplace	—	
Name of person giving Information	Willie Buisere				How related to deceased	—	

## CAUSES OF DEATH

Primary	Plura Pneumonia (93)	How long	8 or 10 days
Immediate	Mt complications	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		S. H. Speake	
Address		Brayton	
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
FullMrs Sarah Hancock  
Town County

## CERTIFICATE OF DEATH

MARYLAND

Died at

Lith

Charles

Date

of death 1905

Month

6

Day

22

Age

Years

40

Months

Days

Sex

female

Color or  
Race

white

Birth-  
place

Charles C.

Occupation

housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Dick Hancock

Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

Tuberculosis

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

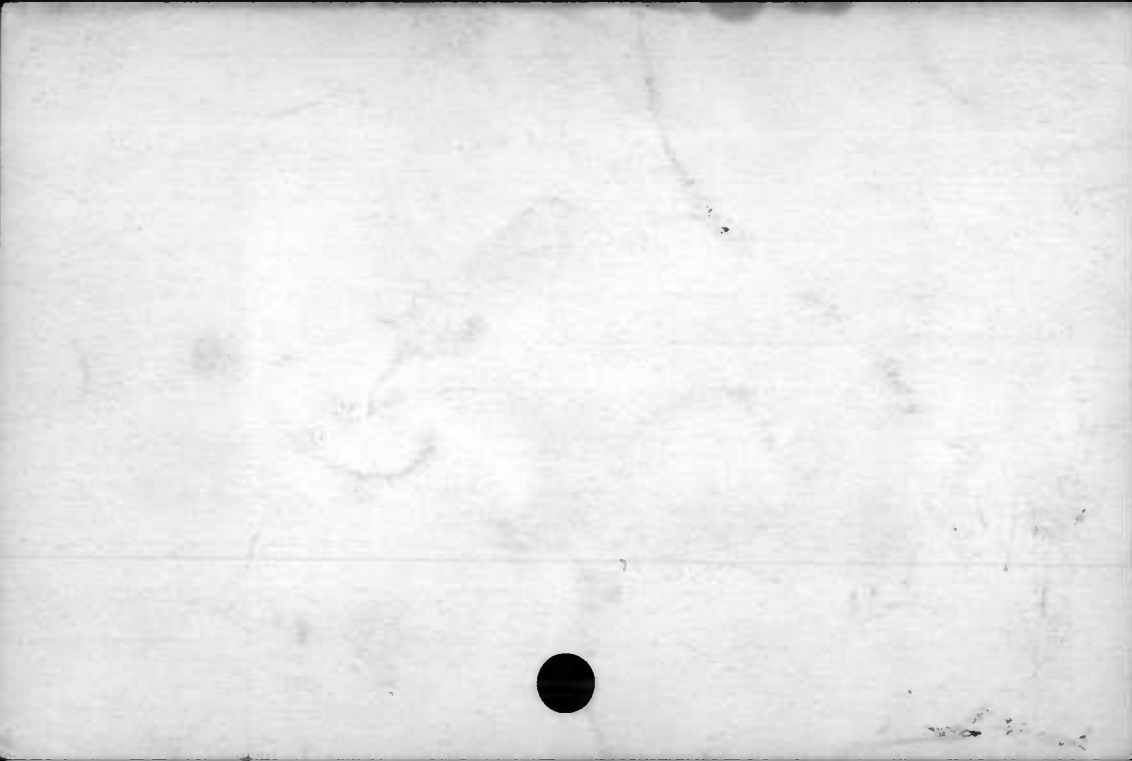
Address

A. J. Smith  
1111 1st St.  
Baltimore, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1



Name  
in  
Full

Emily Hanson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Faultner* TownCounty *Charles*

MARYLAND

Date of death *1905 June*Day *19<sup>th</sup>*Age *70* Years

Months

Days

Sex *Female*Color or Race *Colored*Birth-place *Charles County*Occupation *Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed *Married*Name of Wife or  
Husband *Lurre Hanson*Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information*James Young*How related  
to deceased *Son in Law*

## CAUSES OF DEATH

Primary *Cardiac Hypertrophy*

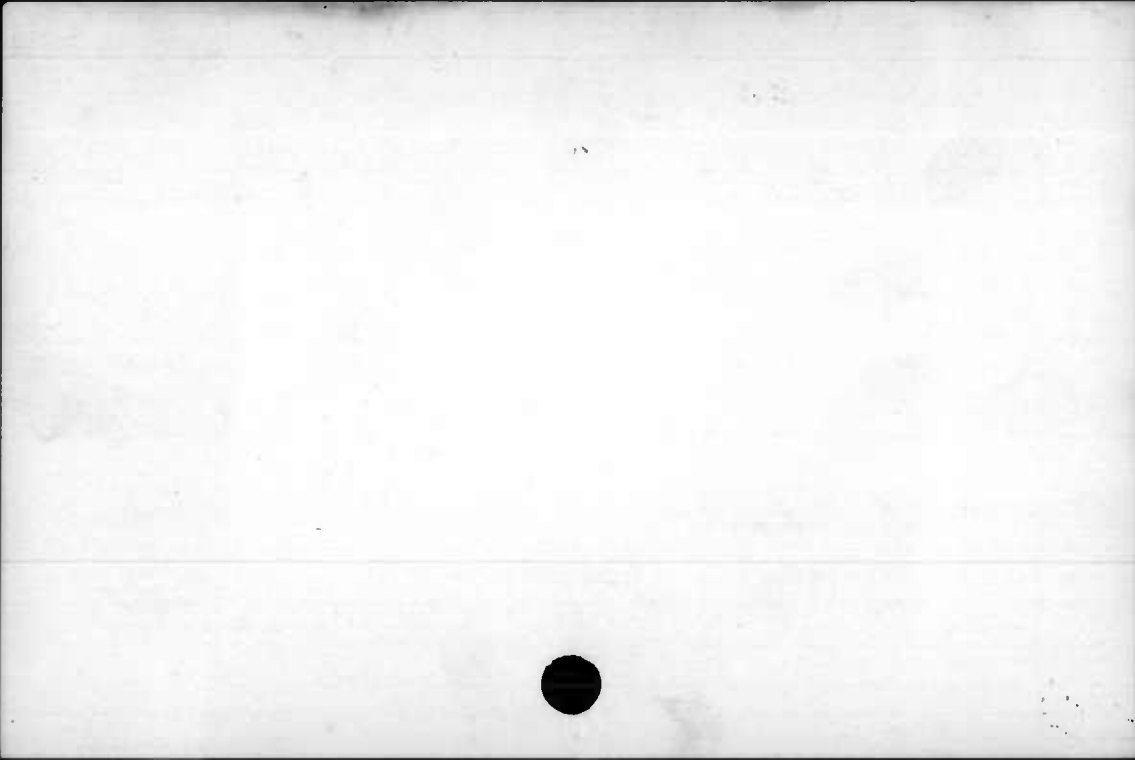
How long

Immediate *Ruptured Compensation*How long *3 months*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Offenrold  
Bel Alton  
Md*PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Hazel Maddox

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

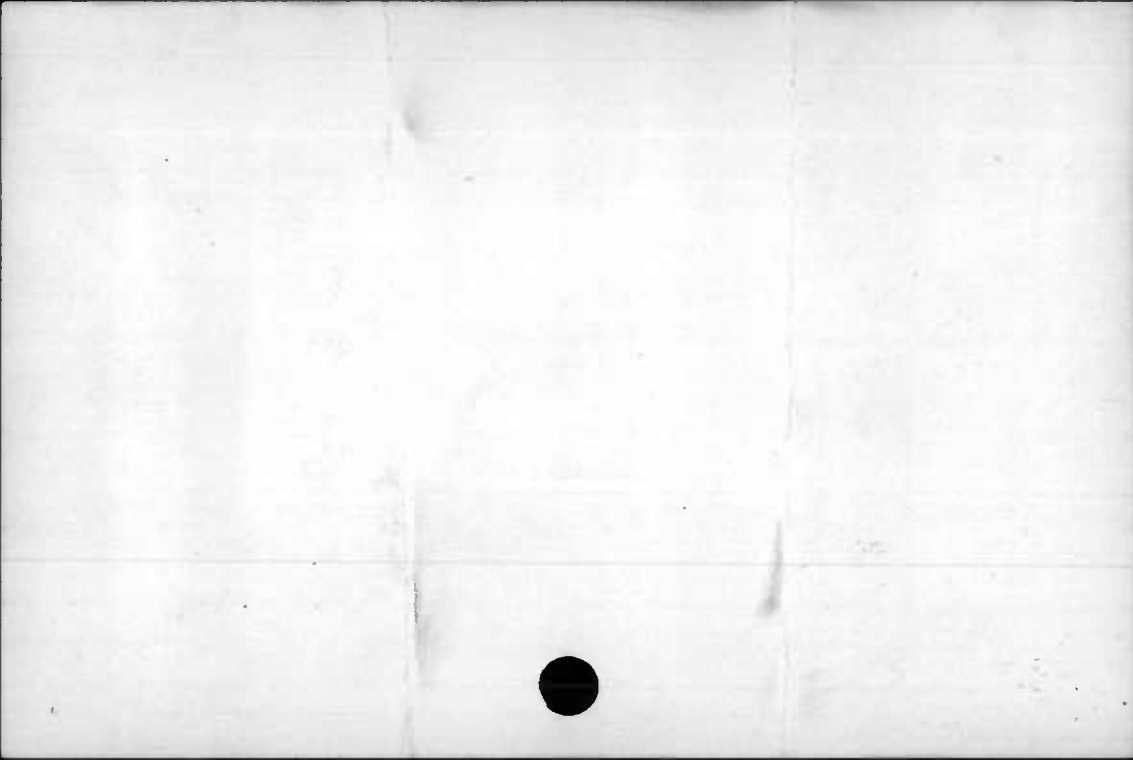
Died at		Town Chickamuxen		County Charles		MARYLAND	
Date of death		1905	Month 6	Day 2	Age 11	Years	Months Days
Sex Female		Color or Race M		Birth- place Md			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed S		Name of Wife or Husband					
Father's Name H. J. Maddox		Father's Birthplace Md					
Mother's Maiden Name Bulah Groves		Mother's Birthplace Md					
Name of person giving Information Jessie Miestral		How related to deceased Brother in Law					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

1

Primary	Fall upon head (166)	How long	2 days
Immediate	Concussion of Brain	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Sam L. Harmon MD	
Address Mason Springs Md.			
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

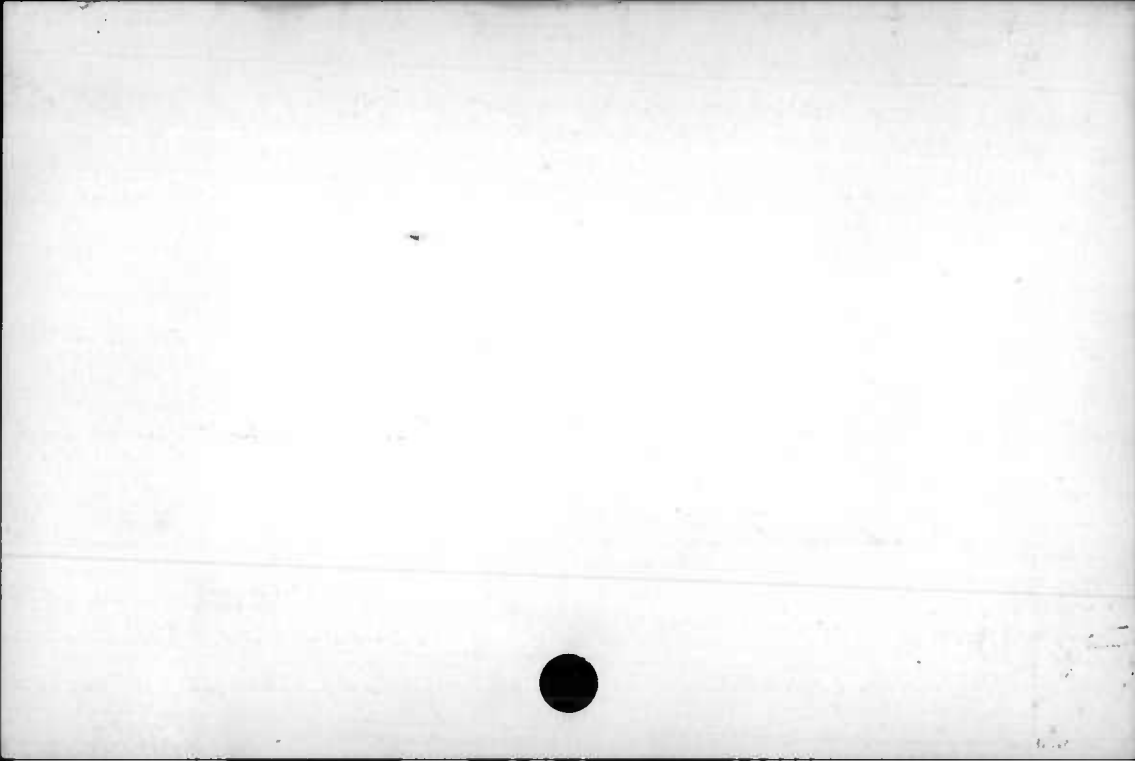
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Herol E. Pickcrall</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Died at <i>Near Waldorf</i>		Town <i>Waldorf</i>			
Date of death 190 <i>5</i>	Month <i>6</i>	Day <i>29</i>	Age <i>—</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>P. G. County Md</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Jessie E. Pickcrall</i>			Father's Birthplace <i>Chas Co. Md.</i>		
Mother's Maiden Name <i>Lillie May Skillett</i>			Mother's Birthplace <i>Chas Co. Md.</i>		
Name of person giving information <i>J. E. Pickcrall</i>			How related to deceased <i>Father</i>		

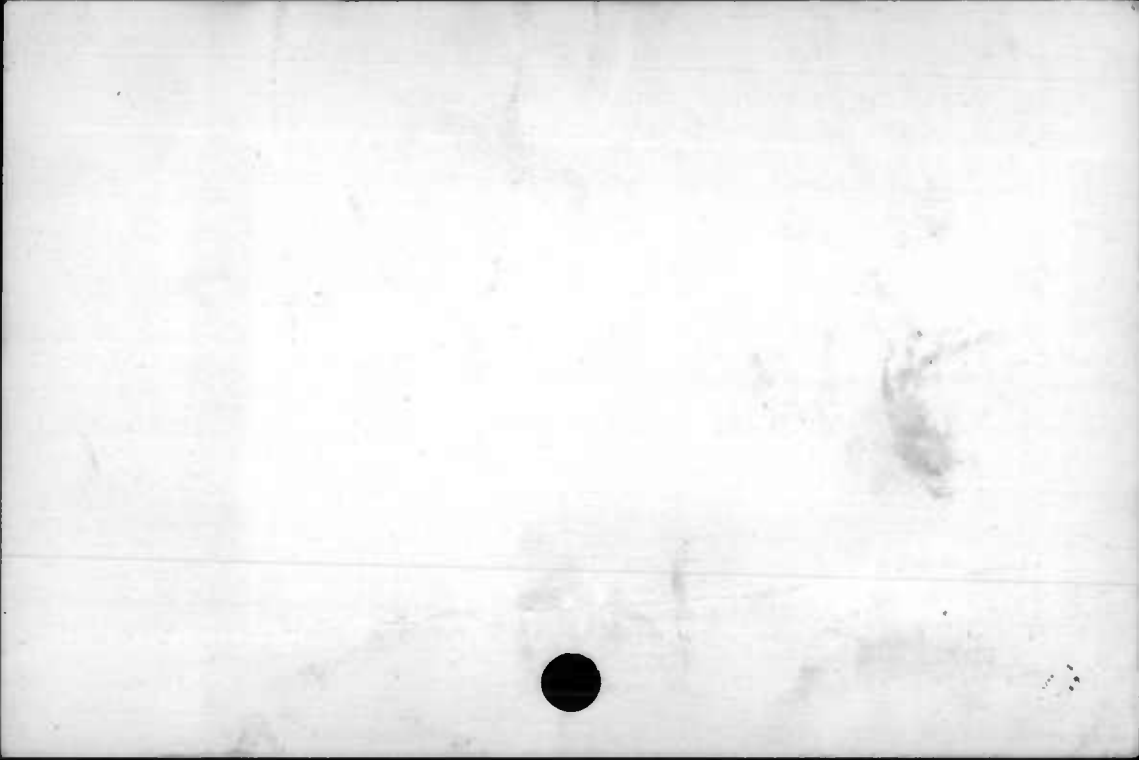
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Malassimilation</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. O. Monroe - Md.</i>
	Address <i>Waldorf Md</i>
<del>Accident or Suicide?</del>	



Name in Full		<i>Harriet Smoot</i>				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		<i>Wiemies</i>		<i>Charles</i>			
Date of death		Month	Day	Years	Months	Days	
<i>1905</i>		<i>June</i>	<i>5</i>	<i>34</i>			
Sex		Color or Race		Birthplace			
<i>Female</i>		<i>Colored</i>		<i>Charles Co.</i>			
Occupation		Where Residing if not at place of death					
<i>Housewife</i>							
Married, Single or Widowed		Name of Wife or Husband					
<i>Married</i>		<i>Joseph Smoot</i>					
Father's Name		Father's Birthplace					
<i>Robert Blackmon</i>		<i>Charles Co.</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Louise Forrest</i>		<i>" "</i>					
Name of person giving information		How related to deceased					
<i>Felix Collins</i>		<i>Brother</i>					
CAUSES OF DEATH							
Primary		<i>Pulmonary Tuberculosis</i>		How long		<i>2 yrs.</i>	
Immediate		<i>Passive Congestion internal organs</i>		How long		<i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician		<i>J. R. Long, M.D.</i>	
				Address		<i>Newburg, Ind.</i>	
Accident or Suicide?		<i>No</i>					



Name  
in  
Full

Nathan C Swann

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

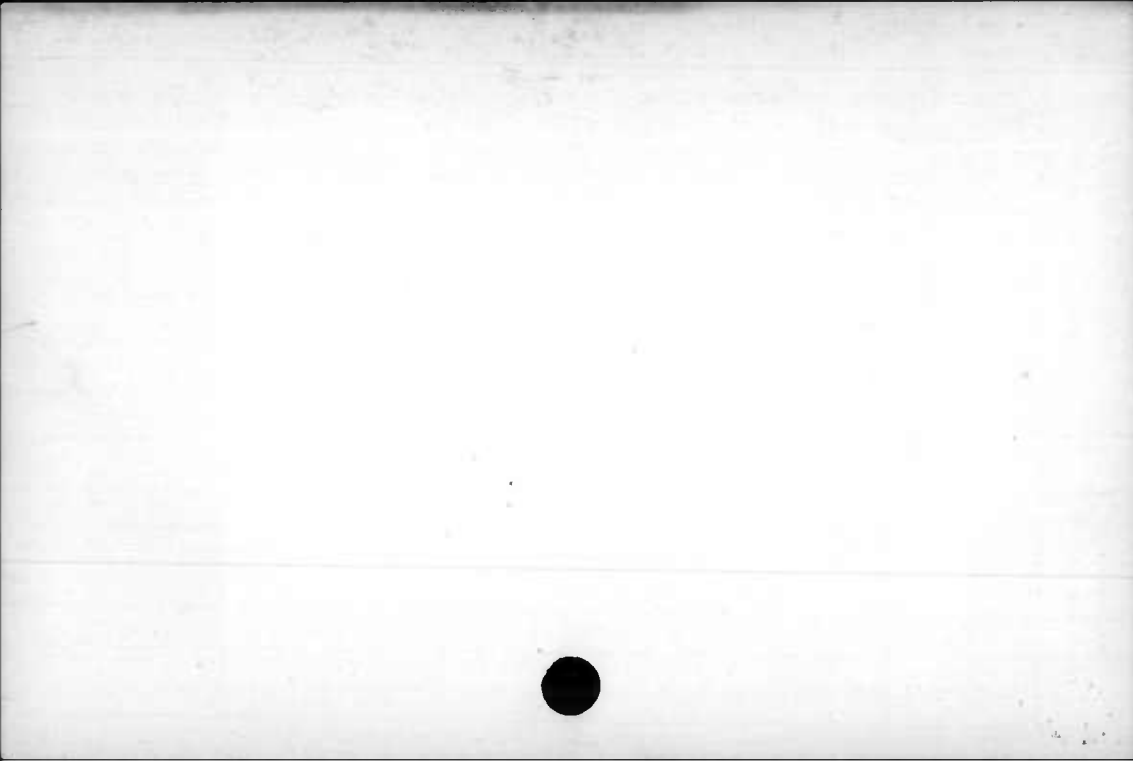
Died at <u>Doncaster</u> <sup>Town</sup>		<u>Charles</u> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	June	Day	12
Age	48	Years		Months	
Sex	male	Color or Race	W or yellow	Birth-place	Charles C
Occupation	Farmer	Where Residing if not at place of death		Doncaster	
Married, <del>Single</del> <u>Widowed</u>	Name of Wife or Husband		Kate Skinner		
Father's Name	John Swann			Father's Birthplace	
Mother's Maiden Name	Elizabeth Swann			Mother's Birthplace	
Name of person giving information	John Dunnington			How related to deceased	
Friend					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

1

Primary	Consumption		How long	20 or 3 years
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Maximilian Clements		
		Address		
		Lat Rept		
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

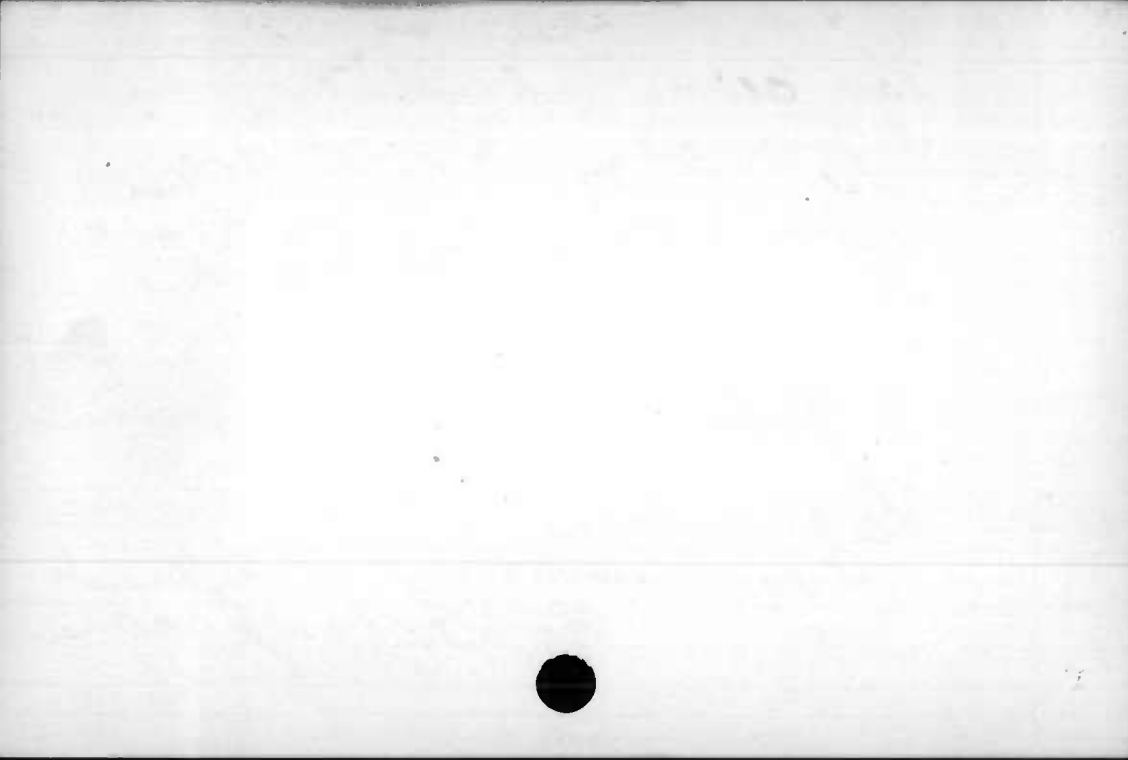
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>James A. Thompson</b>		Town <b>Bel Air</b>		County <b>Charles</b>		State <b>MARYLAND</b>	
Died at		Date of death		Age		Months	
		<b>1905 June 24</b>		<b>45</b>		<b>—</b>	
Sex <b>Male</b>		Color or Race <b>African</b>		Birth-place <b>Popo Creek Charles Co</b>			
Occupation <b>N.R. Section Hand</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Henrietta Thompson</b>					
Father's Name <b>James A. Thompson</b>		Father's Birthplace <b>—</b>					
Mother's Maiden Name <b>Elizabeth Proctor</b>		Mother's Birthplace <b>—</b>					
Name of person giving information <b>William Thompson</b>		How related to deceased <b>Son</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>164</b>	How long
Immediate	<b>Fractured Skull (Multiple)</b>	How long <b>2 hours</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Effernand</b>
		Address <b>Bel Air Md.</b>
Accident or Suicide? <b>—</b>		





Name in Full <i>Julia Ward</i>		Town <i>Near Cross Roads</i>		County <i>Charles</i>		CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		June	24	Age 47			
Sex		Color or Race		Birth-place			
female		WB		Va			
Occupation		Where Residing if not at place of death					
House wife		Cross Roads					
Married, Single or Widowed		Name of Wife or Husband					
Single		Rev. W. B. Ward					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
John H. Dent-		None					
CAUSES OF DEATH							
Primary		How long					
Tuberculosis		27					
Immediate		How long					
Consumption		2 Years					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
		J. H. Speake					
		Address					
		Grayton					
		Md					
Accident or Suicide?							



Name  
in  
Full

Minnie Yease

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

County

Date

Month

Day

Years

Months

Days

of death 190

6

20

Age

23

Sex

female

Color or  
Race

colored

Birth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Bibley Harris

Father's  
Name

Bibley Harris

Father's  
BirthplaceMother's  
Maiden Name

Ann Woodland

Mother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Brights

How long

3 weeks

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. H. Higdon, M.D.  
Hayside  
Ind.

Accident or Suicide?

PHYSICIAN  
OR CORONER  
1

